

## **CHAPTER 4. BILLING**

### **4.1 Billing Policy**

- A. Budget allocations to contractors are made at the beginning of each fiscal year and contractors are expected to operate within the established budget.
- B. Contractors are expected to monitor monthly expenditures to assure compliance with allocated funds.
- C. If the contractor anticipates a need for additional funding, the contractor is expected to discuss projections with the Program Manager before funds are exhausted.
- D. If no additional funds are available, the contractor will be expected to participate in the development of a contingency plan for review and approval by the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager.
- E. The ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager monitors monthly expenditures and will notify the contract administrator when allocated funds are exhausted or other adjustments need to be made.
- F. All contractor payments are contingent upon availability of funds.
- G. Authorization for purchase of all services shall be made only upon ADHS/OCSHCN issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract number and the dollar amount of funds authorized. The Contractor will only be authorized to perform services up to the amount of the Purchase Order. No further obligation shall exist on behalf of ADHS unless the Purchase Order is changed or modified with an official ADHS/OCSHCN Procurement Change Order and an additional Purchase Order is issued for purchase of services under the current contract.
- H. Each Contractor is required to prepare and submit an accurate TBI/SCI/CYSHCN Monthly Billing and Invoice Packet with all required forms and supporting documentation. The Monthly Billing and Invoice Packet consists of two (2) Microsoft Excel Files.

The Invoice Forms File includes:

- 1. Family Resource Coordination Detail Sheet
- 2. TBI Direct Care Services Detail Report
- 3. SCI Direct Care Services Detail Report
- 4. CYSHCN Direct Care Services Detail Report
- 5. Monthly Billing Invoice (IMPORTANT NOTE - this document must also be mailed to ADHS with an original signature)

The Report Forms File includes:

- 1. Community Outreach/Education Log
- 2. Monthly Member Activity Report
- 3. Roster Of Active Members
- 4. Staff Training and Education Log

Any and all required member/family forms/reports completed in the report month must be submitted with the Monthly Billing and Invoice Packet

- I. All forms shall be provided by ADHS and shall not be modified in any way. ADHS/OCSHCN will not accept modified forms or other forms not provided by the ADHS/OCSHCN Program. All forms are to be submitted electronically to the TBI/SCI/CYSHCN Program Project Specialist no later than 30 days following the month of service. Failure to submit required reports by the contractual due date(s) will result in a delay in payment to the contractor.
- J. A signed original Monthly Invoice must also be submitted by mail for reimbursement.
- K. The Monthly Billing and Invoice Packet is the official form used by a contractor to document actual Family Resource Coordination expenditures and to request reimbursement.
- L. If there are no expenditures or reimbursement requests for a given month, the contractor nevertheless must submit a Monthly Billing and Invoice Packet for that month with zeroes entered in the expense column for each funded line.
- M. Monthly Invoices must be submitted in chronological order; invoices submitted out of chronological order may disqualify a contractor for reimbursement. ADHS may not be able to make payment if invoices are not in chronological order until all necessary invoices are received resulting in a delay in payment to the contractor.

## **4.2 Billing Definitions**

Contractors are reimbursed as specified in the contract agreement between the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor as set forth on the Price Sheet/Fee Schedule of the contract and the unique needs of the client and family.

### **A. Family Resource Coordination**

Family Resource Coordination is reimbursed as specified in the contract agreement between the TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor as set forth on the Price Sheet/Fee Schedule of the contract. Partial hour activities must be billed per person/per hour in quarter-hour increments, (.25, .50, or .75). The Family Resource Coordination Detail sheet of the Monthly Billing and Invoice Packet is used to bill actual time spent on Family Resource Coordination services.

Billing must reflect routine Family Resource Coordination activities to include but not limited to:

- Intake
- Development of an initial ISP and an ongoing annual ISP
- Review Of The ISP six (6) months after the development of an ISP
- Change In The ISP as required or warranted
- Member/Family contact face-to-face or by phone
- Addressing needs of the member/family
- Attending meetings
- Initiating or participating in transitions
- Transfer of members to another contractor or program
- Exit of a member from the program
- Maintenance of the member's file, billing, paper work requirements, etc.

Billable monthly Family Resource Coordination hours are the number of hours spent by each Family Resource Coordinator on direct Family Resource Coordination services.

**B. Community Outreach/Education**

Community Outreach/Education is reimbursed as specified in the contract agreement between the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor as set forth on the Price Sheet/Fee Schedule of the contract.

- May be used to bill for planning, preparing and conducting TBI/SCI program-related outreach and training within the community.
- Partial hour activities must be billed in quarter-hour increments, (.25, .50, or .75).
- Reimbursement for presentations outside the Family Resource Coordinator's local community must be pre-approved by the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager.
- The Community Outreach/Education Log must be completed and submitted with the monthly Billing and Invoice Packet
- This category is NOT to be used to report Monthly Family Resource Coordinator Conference Calls, Internal Office/Contractor Meetings, or any other required TBI/SCI/CYSHCN Program meetings.

Community Outreach/Education is the number of hours spent by Family Resource Coordinators on Outreach and Educations activities.

**C. Staff Training**

Staff training is reimbursed as specified in the contract agreement between the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor as set forth on the Price Sheet/Fee Schedule of the contract. Partial hour trainings must be billed per person/per hour in quarter-hour increments, (.25, .50, or .75).

- This rate may be used to bill for TBI/SCI/CYSHCN mandatory trainings and also for trainings with prior authorization by the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager.
- The rate shall cover time incurred in attending training.
- The Staff Training and Education Log must be completed with documentation of trainings attended including training description and dates and must be submitted with the Monthly Billing and Invoice Packet.
- Family Resource Coordinators, who wish to attend trainings other than TBI/SCI/CYSHCN mandatory trainings and bill the TBI/SCI/CYSHCN Family Resource Coordination Program, need prior approval from the Program Manager. Family Resource Coordinators must e-mail the request to the Program Manager and the Program Manager will respond via e-mail authorizing the training and will retain a copy of the request in a file. When the monthly billing is received the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager will attach a copy of the authorizing e-mail to the contractor's Monthly Billing and Invoice Packet.

D. Mileage

Mileage is reimbursed as specified in the contract agreement between the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor as set forth on the Price Sheet/Fee Schedule of the contract.

- Mileage reimbursement is per the standard Arizona State Mileage Reimbursement Rate
- The FRC Staff Mileage Log must be completed and submitted monthly with the Billing and Invoice Packet.
- The contractor must make Family Resource Coordination Travel/Mileage justification and documentation available for review, evaluation, and monitoring by the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager during site reviews.

Mileage is the distance traveled in relationship to family Resource Coordination, Training, and Outreach/Education activities (i.e., from office to family's home, from visit one to visit two, from office to training etc.)

E. Direct Care Services (DCS)

DCS are reimbursed based on prior approval from ADHS. The Family Resource Coordinator shall work with the member, family, and the primary care physician to coordinate services with providers who fall within the family's insured provider network:

- This category is used only when all other resources have been exhausted.
- The program specific Direct Care Services Detail Report must be completed and submitted with the Monthly Billing and Invoice Packet.
- DCS is not to be used when a member has insurance unless a denial through an Explanation of Benefits (EOB) has been received and placed in the member's file.
- All DCS expenditures require ADHS/OCSHCN Program Manager authorization.

### 4.3 Billing Procedures

Contractors will be provided with a disk that contains the Monthly Billing and Invoice Packet with two (2) Microsoft Excel Workbook Files. The two (2) Excel Workbooks provided to each contractor will contain budget information specific to that contractor. Contractors will enter information each month, and electronically submit the completed workbook to the ADHS/OCSHCN TBI/SCI/CYSHCN Program Project Specialist for review. In addition to electronically submitting the Excel Workbook Files, contractors must also submit by mail a signed Monthly Invoice for reimbursement.

The contractor Monthly Invoice Form contains information specific to each individual contractor and their approved budget.

- A. A Monthly Billing and Invoice Packet and all supporting documentation shall be forwarded to the TBI/SCI/CYSHCN Program Project Specialist within 30 days after the end of each month of services.
- B. Billing and Invoice Packets that are complete and accurate will be reviewed and approved by the TBI/SCI/CYSHCN Program Manager and/or designated staff and submitted to Accounting for payment within fourteen (14) business days from the date of receipt.

- C. Monthly Billing and Invoice Packets that are incomplete or inaccurate will be reviewed and edited or returned to the contractor for re-submission.

#### **4.3.1 Billing and Invoice Packet Instructions**

Family Resource Coordination Detail Sheet:

- A. Click on the Family Resource Coordination (FRC) Detail Sheet tab of the Monthly Billing and Invoice Packet Invoice Forms File for the month to be reported.
- B. Enter the date the invoice is being submitted in the space provided. Contractor Name, ADHS PO Number, ADHS Contract Number, PC Index, State Fiscal Year, and Billing Month are pre-filled by ADHS/OCSHCN.
- C. Program: This column is divided into three program categories TBI, SCI and CYSHCN.
- D. FRC Staff Name: The names of the Family Resource Coordinators are pre-filled. The cells in this column are protected to prevent accidental deletion of names of Family Resource Coordinators. Any changes to this column will be completed by the ADHS/OCSHCN/TBI/SCI Program Project Specialist.
- E. Contractor Hourly Rate: This column is pre-filled with the hourly rate established by the contractor on the price sheet. The cells in this column are protected to prevent accidental deletion of the rate.
- F. Monthly FRC Staff Hours: Enter the number of Family Resource Coordination hours spent by each Family Resource Coordinator during the billing month.
- G. Total Costs FRC Staff Hours: Automatically calculates the costs incurred per Family Resource Coordinator. This figure is obtained by multiplying the agency hourly rate and the total Monthly FRC Hours. The cells in this column are protected to prevent accidental deletion of formulas.
- H. FRC Staff Community Outreach/Education Hours: Enter the number of hours spent by each Family Resource Coordinator on community outreach and education activities.
- I. Total FRC Staff Costs Community Outreach/Education Hours: Automatically calculates the costs incurred by each Family Resource Coordinator on Community Outreach and Education activities. This figure is obtained by multiplying the agency hourly rate and the Community Outreach/Education hours. The cells in this column are protected to prevent accidental deletion of formulas.
- J. FRC Staff Training Hours: Enter the number of hours spent by each Family Resource Coordinator on program related trainings.
- K. Total Costs FRC Staff Training: Automatically calculates the costs incurred by each Family Resource Coordinator on program related trainings. This figure is obtained by multiplying the agency hourly rate and the training hours. The cells in this column are protected to prevent accidental deletion of formulas.

- L. Total FRC Staff Hours: Automatically calculates the total number of FRC services hours spent by each Family Resource Coordinator. This figure is obtained by adding the Monthly FRC Staff Hours, the FRC Staff Community Outreach/Education Hours, and the FRC Staff Training Hours columns. The cells in this column are protected to prevent accidental deletion of formulas.
- M. Total Costs FRC Staff Services: Automatically calculates the total costs of FRC services incurred by each Family Resource Coordinator. This figure is obtained by adding the Total Costs FRC Staff Hours, Total Costs FRC Staff Community Outreach/Education Hours, and Total Costs FRC Staff Training Hours. The cells in this column are protected to prevent accidental deletion of formulas
- N. FRC Staff Mileage: Enter the total miles traveled by each Family Resource Coordinator (i.e., FRC office to family's home, from visit one to visit two etc.).
- O. Mileage Rate: Lists the mileage rate established by the contractor on the price sheet. The mileage rate is a fixed amount established by the State of Arizona Mileage Reimbursement Rate. The cells in this column are protected to prevent accidental deletion of established rate. The cells in this column are protected to prevent accidental deletion of formulas.
- P. Total FRC Staff Mileage Costs: Automatically calculates the total costs incurred on mileage per Family Resource Coordinator. This figure is obtained by multiplying the mileage rate by the FRC Staff Mileage. The cells in this column are protected to prevent accidental deletion of formulas.
- Q. Total: Automatically calculates the total costs incurred by a Family Resource Coordinator. This figure is obtained by adding the Total Costs FRC Staff Hours, Total Costs RFC Staff Community Outreach/Education Hours, and Total Costs FRC Staff Training Hours columns. The cells in this column are protected to prevent accidental deletion of formulas.
- R. TBI, SCI, and CYSHCN Total: Automatically calculates the total costs incurred by each program. The cells in this column are protected to prevent accidental deletion of formulas.
- S. Grand Total: Automatically calculates the total costs incurred by all Family Resource Coordinators and all programs. The cells in this column are protected to prevent accidental deletion of formulas.

TBI Direct Care Services Detail Report:

- E. This form must be completed when Direct Services have been approved for one or more TBI member.
- F. Enter the date the invoice is being submitted in the space provided. Contractor Name, ADHS PO Number, ADHS Contract Number, PC Index, State Fiscal Year, and Billing Month are pre-filled by ADHS/OC SHCN.
- G. FRC Name: Enter the name of the Family Resource Coordinator, beginning by last name.

H. Member Information:

1. Member name: Enter the member's last name first and then first name.
2. Referral Date: Enter the date the member was referred for services.
3. SEX: Select from the drop menu the member's gender.
4. DOB: Enter the member's date of birth on MM/DD/YY format.

I. Type of Health Insurance: Select from the drop down menu the type of health insurance the TBI member holds.

1. Insurance/AHCCCS #: Enter the TBI member's Insurance/AHCCCS identification number if applicable.

J. Referral to Other Payers:

1. Referred Health Plan: Enter the name of the health plan the TBI member has been referred to.
2. Services requested: List the services requested for the TBI member.
3. Status: From the drop down menu select the status of the approval process.
4. Planned Start Date: Enter on MM/DD/YY format the date services are expected to start
5. Reason for Denial or Delay: Enter the reason(s) why services were denied or delayed.

G. Approved Direct Care Services: This category applies for each type of direct care services approved for the TBI member. Complete a section for each approved direct care service approved for the TBI member.

1. Type of Services: Select from the drop down menu of direct service.
2. # Of Units: Enter the number of direct member's gender.
3. Total Cost: Enter the total costs for direct services for the TBI member.
4. Cost per Unit: Automatically calculate the cost per unit. This figure is obtained by dividing the Costs and # of unit's columns.

H. Total: Automatically calculates the total costs incurred for all TBI DCS. This figure is obtained by adding the Approved Direct Care Services – Total Cost columns. The cells in this column are protected to prevent accidental deletion of formulas.

SCI Direct Care Services Detail Report:

- A. This form must be completed when Direct Services have been approved for one or more SCI member.
- B. Enter the date the invoice is being submitted in the space provided. Contractor Name, ADHS PO Number, ADHS Contract Number, PC Index, State Fiscal Year, and Billing Month are pre-filled by ADHS/OCSHCN.
- C. FRC Name: Enter the name of the Family Resource Coordinator, beginning by last name.

D. Member Information:

1. Member name: Enter the member's last name first and then first name.
2. Referral Date: Enter the date the member was referred for services.
3. SEX: Select from the drop menu the member's gender.
4. DOB: Enter the member's date of birth on MM/DD/YY format.
5. Member name: Enter the member's last name first and then first name.
6. Referral Date: Enter the date the member was referred for services.
7. SEX: Select from the drop menu the member's gender.
8. DOB: Enter the member's date of birth on MM/DD/YY format.

E. Type of Health Insurance: Select from the drop down menu the type of health insurance the SCI member holds.

1. Insurance/AHCCCS #: Enter the SCI member's Insurance/AHCCCS identification number if applicable.

F. Referral to Other Payers:

1. Referred Health Plan: Enter the name of the health plan the SCI member has been referred to.
2. Services requested: List the services requested for the SCI member.
3. Status: From the drop down menu select the status of the approval process.
4. Planned Start Date: Enter on MM/DD/YY format the date services are expected to start
5. Reason for Denial or Delay: Enter the reason(s) why services were denied or delayed.

G. Approved Direct Care Services: This category applies for each type or direct care services approved for the SCI member. Complete a section for each approved direct care service approved for the SCI member.

1. Type of Services: Select from the drop down menu of direct service.
2. # Of Units: Enter the number of direct member's gender.
3. Total Cost: Enter the total costs for direct services for the SCI member.
4. Cost per Unit: Automatically calculate the cost per unit. This figure is obtained by dividing the Costs and # of unit's columns.

H. Total: Automatically calculates the total costs incurred for all SCI DCS. This figure is obtained by adding the Approved Direct Care Services – Total Cost columns. The cells in this column are protected to prevent accidental deletion of formulas.

CYSHCN Direct Care Services Detail Report:

- A. This form must be completed when Direct Services have been approved for one or more CYSHCN member.
- B. Enter the date the invoice is being submitted in the space provided. Contractor Name, ADHS PO Number, ADHS Contract Number, PC Index, State Fiscal Year, and Billing Month are pre-filled by ADHS/OC SHCN.



- C. FRC Name: Enter the name of the Family Resource Coordinator, beginning by last name.
- D. Member Information:
1. Member name: Enter the member's last name first and then first name.
  2. Referral Date: Enter the date the member was referred for services.
  3. SEX: Select from the drop menu the member's gender.
  4. DOB: Enter the member's date of birth on MM/DD/YY format.
- E. Type of Health Insurance: Select from the drop down menu the type of health insurance the CYSHCN member holds.
1. Insurance/AHCCCS #: Enter the CYSHCN member's Insurance/AHCCCS identification number if applicable.
- F. Referral to Other Payers:
1. Referred Health Plan: Enter the name of the health plan the CYSHCN member has been referred to.
  2. Services requested: List the services requested for the CYSHCN member.
  3. Status: From the drop down menu select the status of the approval process.
  4. Planned Start Date: Enter on MM/DD/YY format the date services are expected to start
  5. Reason for Denial or Delay: Enter the reason(s) why services were denied or delayed.
- G. Approved Direct Care Services: This category applies for each type or direct care services approved for the CYSHCN member. Complete a section for each approved direct care service approved for the CYSHCN member.
1. Type of Services: Select from the drop down menu of direct service.
  2. # Of Units: Enter the number of direct member's gender.
  3. Total Cost: Enter the total costs for direct services for the CYSHCN member.
  4. Cost per Unit: Automatically calculate the cost per unit. This figure is obtained by dividing the Costs and # of unit's columns.
- H. Total: Automatically calculates the total costs incurred for all CYSHCN DCS. This figure is obtained by adding the Approved Direct Care Services – Total Cost columns. The cells in this column are protected to prevent accidental deletion of formulas.

Monthly Invoice:

The costs and figures in the cells of the Monthly Invoice are automatically transferred and calculated from the Family Resource Coordination Detail Sheet, TBI Direct Care Services Detail Report, SCI Direct Care Services Detail Report, and CYSHCN Direct Care Services Detail Report workbooks. These cells columns are protected to prevent alteration or deletion of formulas, costs, and figures.

The completed Monthly Billing and Invoice Packet shall be forwarded electronically to the TBI/SCI/CYSHCN Program Project Specialist within 30 days after the end of each month

of services. The Monthly Billing and Invoice Packet must also be forwarded to ADHS/OC SHCN via mail. The paper copy of the Monthly Invoice must have the signature of the contractor's authorized agent.

#### **4.4 Monthly Billing and Invoice Packet**

The Monthly Billing and Invoice Packet consists of two (2) workbook files, the Invoice Forms Workbook File and the Report Forms Workbook File.

The Invoice Forms Workbook File consists of:

- Family Resource Coordination Detail Sheet
- Monthly Invoice
- CYSHCN Direct Care Services Detail Report
- SCI Direct Care Services Detail Report
- TBI Direct Care Services Detail Report

The Report Forms Workbook File consists of:

- Community Outreach/Education Log
- Monthly Member Activity Report
- Roster Of Active Members
- Staff Training and Education Log

Additionally a FRC Staff Mileage Log for each Family Resource Coordinator must be submitted with the Monthly Billing and Invoice Packet.

The completed Monthly Billing and Invoice Packet, all reports, and all supporting documentation shall be forwarded to the TBI/SCI/CYSHCN Program Project Specialist within 30 days after the end of each month of services. The Monthly Billing and Invoice Packet, reports, and supporting documentation must be forwarded to ADHS/OC SHCN electronically and as a paper copy via the postal system.

Billing and Invoice Packets, reports, and supporting documentation should be emailed to:

[MCCORMY@azdhs.gov](mailto:MCCORMY@azdhs.gov)

Billing and Invoice Packets, reports, and supporting documentation should be mailed to:

Arizona Department of Health Services  
Office for Children with Special Health Care Needs  
TBI/SCI/CYSHCN Program Project Specialist  
150 North 18<sup>th</sup> Avenue, Suite 330  
Phoenix, Arizona 85007-3243

#### **4.5 Reimbursement**

Family Resource Coordination reimbursement rates are specified in the contract agreement between the ADHS/OC SHCN TBI/SCI/CYSHCN Family Resource Coordination Program and the contractor. Reimbursement for services is made in accordance with contract specifications.